Appendix C

Public and Private Identification and Diagnosis Sheets

Queensland Hospital Admitted Patient
Data Collection
QHAPDC

HOW TO ORDER IDENTIFICATION AND DIAGNOSIS (I&D) SHEETS & PATIENT ACTIVITY FORMS

The QH Identification and Diagnosis Sheets have been developed by the Health Statistics Branch (HSB). They are only required for use by those facilities which provide inpatient facilities but do not have direct access to the HBCIS system or private facilities that do not provide there data electronically to HSU.

Public Identification and Diagnosis Sheets

Public Facilities requiring public identification and diagnosis sheets, MRO56B (Part 1) or MRO56B (Part 2) should go to the Health Statistics Branch web page http://qheps.health.qld.gov.au/hsu/datacollections.htm and print the form.

Please note that the previous Public Identification and Diagnosis sheets which where carbonated and produced under a Standing Offer Arrangement between Queensland Health and Corporate Express Australia Ltd (SOA113-Clinical Forms) are no longer supplied.

Private Identification and Diagnosis Sheets

From the 1 July 2015 Private Identification and Diagnosis sheets are not supplied by HSB.

Private Facilities requiring private identification and diagnosis sheets, PHI(1) or PHI(2) need to go to the Health Statistics Branch web page http://www.health.qld.gov.au/hsu/manuals.asp and print the form.

If you require any further details regarding this process please send and an email to QHIPSMAIL@health.qld.gov.au.

Public
Identification and Diagnosis (I&D) Sheets

Note: The quality of the information produced about the services your facility provides depends on the data received from you. Please complete this form carefully and completely.

Facility:

UR No.

Admission No.

QAS Patient ID No.

Family name

Given names

Sex (M=1 F=2 I=3)

Date of birth

Estimated date of birth 1. Yes

Address of usual residence

No and street

Suburb/Town

Postcode State

Home phone number

Personal mobile phone number

Business or work phone number

Medicare eligibility
1. Eligible 2. Not Eligible 9. Not stated/unknown

Medicare number

Pension number

Religion

Emergency contact

Next of kin

Address

Phone

Marital status
1. Never married 2. Married 2. Defacto
3. Widowed 4. Divorced 5. Separated
9. Not stated/unknown

Country of birth

Preferred Language

Interpreter Required

Australian South Sea Islander
1. Yes 2. No 9. Not stated/unknown

Indigenous status
1. Aboriginal but not Torres Strait Islander Origin
2. Torres Strait Islander but not Aboriginal Origin
3. Both Aboriginal and Torres Strait Islander Origin
4. Neither Aboriginal nor Torres Strait Islander Origin
9. Not stated/unknown

Smoking status
1. Current 2. Non-smoker 9. Not Reported

Smoking Pathway Completed Where smoking status = 1
Y. Yes N. No

Compensable status
1. Workcover Qld
2. Workers' Comp (Other) 3. Other Third Party
4. Other compensable 5. Dept of Vet Affairs
6. Motor Vehicle (Qld) 7. Motor Vehicle (Other)
8. None of the above 9. Dept of Defence

DVA Patient details Where compensable status = 5

DVA file number:

Card type: G=Gold W=White

Hospital Insurance
7. Hospital insurance 8. No hospital insurance
9. Not stated/unknown

Health fund code

Chargeable status
1. Public 2. Private Shared 3. Private Single

Care type
01. Acute 05. Newborn 10. Psychogeriatic
06. Other care 11. Maintenance
07. Organ procurement 12. Mental Health
08. Boarder 20. Rehabilitation
09. Geriatric Eval & Mang 30. Palliative

Palliative care details Where care type is 30
First Admission for Palliative Care Treatment
1. No previous admission for palliative care treatment
2. Previous admission for palliative care treatment

Previous specialised Non-Admitted Palliative Care Treatment
1. No previous non-admitted service for palliative care treatment
2. Previous non-admitted service for palliative care treatment

Source of referral/transfer
01. Private med practitioner (excl.psychiatrist)
02. Emergency dept - this hospital
03. Outpatient dept- this hospital
06. Episode Change
09. Born in hospital
14. Other health care establishment
15. Private psychiatrist
16. Correctional facility
17. Law enforcement agency
18. Community Service
19. Routine re-admission not requiring referral
20. Organ procurement
21. Boarder
23. Residential aged care service
24. Admitted patient transferred from another hospital
25. Non-admitted patient transferred from another hospital
29. Other

If 16, 23, 24 or 25, facility number:

If 09, mother's URN:

Admission Date Adm Time (0000-2359)

Adm Ward **Adm Unit** **QUAL Status** A. Acute U. Unq

Standard Unit Code **Standard Ward Code**

ICU - Length of Stay -Time

Continuous Ventilation -Time

Elective Patient Status:
1. Emergency 2. Elective 3. Not assigned

Baby admission weight (Where <2500g or <29days) gms

Contract Role A. Hosp. A, B. Hosp. B

Planned Same Day: Y. Yes N. No

Contract Type
1. B 2. ABA 3. AB 4. (A)B 5. BA

Purchaser / Provider Identifier
- Code purchaser if contract type =1, contract role = B and public chargeable status
- Code the Other Hospital Identifier if contract type = 2,3,4 or 5 and contract role A or B.

Has the patient been discharged from any hospital in the last seven days? Y. Yes N. No

If yes, from which hospital?

Total Length of stay without breaks of more than seven days in previous hospitals?

Consent flags (Y=Yes N=No U=Unable to obtain)
Contact for feedback DVA
Q-Comp Dept. of Defence MAIC

Separation date **Sep. time** (0000-2359)

Band **Separation no**

Funding source
01. Health Service Budget (not covered elsewhere)
02. Private health insurance
03. Self-funded
04. Worker's compensation
05. Motor vehicle third party personal claim
06. Other compensation
07. Department of Veterans' Affairs
08. Department of Defence
09. Correctional facility
10. Other hospital or public authority (contracted care)
11. Health Service Budget (due to eligibility for Reciprocal Health Care Agreement)
12. Other
13. Health Service Budget (no charge raised due to hospital decision)
99. Not known

Mode of separation
01. Home/usual residence
04. Other health care establishment
05. Died in hospital
06. Episode change
07. Discharged at own risk
09. Non return from leave
12. Correctional facility
13. Organ procurement
14. Boarder
15. Residential aged care service
16. Hospital transfer
17. Medi-Hotel
19. Other

If 12, 15 or 16, facility number:

Criteria Led Discharge

Principal diagnosis

Other diagnoses (complications and comorbidities)

Procedures

External cause of injury/poisoning

Place of occurrence

Incident date

Incident date flag 1. Estimated

Activity

LMO:

Address:

Discharge Letter Summary dictated
Notification - Cancer Infectious disease

Morbidity codes (ICD-10-AM) *PD.* Principal Diagnosis *EX.* External Cause *PR.* Procedure *OD.* Other Diagnosis *M.* Morphology

Contract flag (CF) (if applicable)
1. Contracted admitted procedure 2. Contracted non-admitted procedure

Condition present on admission indicator (CP) 1. Condition present on admission to episode of care 2. Condition arises during admission 9. Unknown or uncertain

Most Resource Intensive Condition Flag (RI) 1. Most Resource Intensive Condition

Other Co-Morbidity of Interest Flag (CI) 1. Other Co-Morbidity of interest

	Prefix	ICD Code	Procedure Date	CF	CP	RI	CI
1	P D						
2							
3							
4							
5							

Record additional codes on the Activity Form

Treating doctor at Admission:

Treating doctor at Separation:

Signature/Date

Any activity details, SNAP details or extra morbidity codes?
Y. Yes N. No

Attach Activity Form(s) as required.

MR056 (B) PART 1

IDENTIFICATION AND DIAGNOSIS SHEET JULY 2015

DO NOT WRITE IN THIS BINDING MARGIN

PATIENT ACTIVITY FORM

FACILITY

U.R. NUMBER

ADMISSION DATE

ADMISSION NUMBER

ADMISSION TIME (0000-2359)

SURNAME

GIVEN NAME(S)

SEX M=1 F=2 I=3

DATE OF BIRTH

EXTRA MORBIDITY CODES
OD - Other Diagnosis, EX - External Cause, M - Morphology, PR - Procedure
CONTRACT FLAG (CF) (if applicable)
1. Contracted admitted procedure
2. Contracted non-admitted procedure
OTHER CO-MORBIDITY OF INTEREST FLAG (CI)
1. Other Co-Morbidity of Interest

CONDITION PRESENT ON ADMISSION INDICATOR (CP)
1. Condition present on admission to episode of care
2. Condition arises during admission
9. Unknown or uncertain

MOST RESOURCE INTENSIVE CONDITION FLAG (RI)
1. Most Resource Intensive Condition

	Prefix	ICD code	Procedure Date	CF	CP	RI	CI		Prefix	ICD code	Procedure Date	CF	CP	RI	CI
8								17							
9								18							
10								19							
11								20							
12								21							
13								22							
14								23							
15								24							
16								25							

ACTIVITY DETAILS

WARD/UNIT TRANSFER TABLE - Complete ward/unit/standard unit transferred to and date/time of transfer

WARD	UNIT	STANDARD UNIT CODE	STANDARD WARD CODE	DATE OF TRANSFER	TIME OF TRANSFER (0000-2359)

OUT ON LEAVE TABLE - Complete table every time patient goes on overnight leave.

DATE OF STARTING LEAVE	DATE RETURNED FROM LEAVE

TRANSFER FOR CONTRACT SERVICE TABLE - Complete table when patient transferred for contract service at another hospital.

DATE TRANSFERRED FOR CONTRACT	DATE RETURNED FROM CONTRACT	FACILITY NUMBER CONTRACTED TO

NURSING HOME TYPE PATIENT

START DATE	END DATE

ACTIVITY TABLE CHANGES

CHARGEABLE STATUS CHANGE

DATE OF CHANGE

COMPENSABLE STATUS CHANGE

DATE OF CHANGE

QUALIFICATION STATUS CHANGE

DATE OF CHANGE

SNAP DETAILS

SNAP EPISODE N[o].

START DATE

END DATE

SNAP TYPE

ADL TYPE

ADL SUBTYPE

SCORE

PHASE TYPE

ADL DATE

MULTIDISCIPLINARY CARE PLAN FLAG

MULTIDISCIPLINARY CARE PLAN DATE

PROPOSED PRINCIPAL REFERRAL SERVICE

PRIMARY IMPAIRMENT TYPE

DO NOT WRITE IN THIS BINDING MARGIN

PUBLIC HOSPITAL PATIENT ACTIVITY FORM

JULY 2015

NOTE: THIS FORM MUST BE COMPLETED FOR EVERY OCCASION OF PATIENT ACTIVITY OR WHERE EXTRA MORBIDITY CODES ARE TO BE REPORTED.

MR056 (B) (PART 2)

Public Activity Form Changes.indd 1

27/04/15 12:26 PM

Private
Identification and Diagnosis
(I&D) Sheets

PRIVATE HOSPITAL IDENTIFICATION AND DIAGNOSIS SHEET July 2015

PHI (1)

DO NOT WRITE IN THIS BINDING MARGIN

U.R. NUMBER

ADMISSION NUMBER

QAS IDENTIFICATION NUMBER

AFFIX PATIENT LABEL

FAMILY NAME

GIVEN NAMES

SEX (M=1 F=2 I=3)

DATE OF BIRTH

Estimated DOB 1. Yes

ADDRESS OF USUAL RESIDENCE

No and Street

Suburb/town

Postcode

State

MEDICARE ELIGIBILITY
1. Eligible 2. Not eligible 9. Not stated/unknown

MEDICARE NUMBER

PENSION NUMBER

RELIGION

EMERGENCY CONTACT

NEXT OF KIN

ADDRESS

PHONE

NOT MANDATORY FOR QHAPDC REPORTING

MARITAL STATUS
1. Never Married 2. Married 2. Defacto 3. Widowed
4. Divorced 5. Separated 9. Not stated/unknown

COUNTRY OF BIRTH

AUSTRALIAN SOUTH SEA ISLANDER 1. Yes 2. No 9. Not stated/unknown

INDIGENOUS STATUS
1. Aboriginal but not Torres Strait Islander Origin
2. Torres Strait Islander Origin but not Aboriginal Origin
3. Both Aboriginal and Torres Strait Islander Origin
4. Neither Aboriginal nor Torres Strait Islander Origin
9. Not stated/unknown

COMPENSABLE STATUS
1. Workcover Queensland 2. Workers' Compensation (Other) 3. Other Third Party
4. Other compensable 5. Dept of Veterans' Affairs 6. Motor Vehicle (Qld)
7. Motor Vehicle (Other) 8. None of the above 9. Dept of Defence

DVA PATIENT DETAILS Where compensable status = 5

DVA FILE NUMBER

CARD TYPE G = Gold W = White

HOSPITAL INSURANCE
7. Hospital insurance 8. No hospital insurance 9. Not stated/unknown

CHARGEABLE STATUS
1. Public 2. Private Shared 3. Private Single

CARE TYPE
01. Acute
05. Newborn
06. Other care
07. Organ procurement
08. Boarder
09. Geriatric Evaluation & Management
10. Psychogeriatric
11. Maintenance
12. Mental Health Care
20. Rehabilitation
30. Palliative

PALLIATIVE CARE DETAILS Where care type is 30

FIRST ADMISSION FOR PALLIATIVE CARE TREATMENT
1. No previous admission for palliative care treatment
2. Previous admission for palliative care treatment

PREVIOUS SPECIALISED NON-ADMITTED PALLIATIVE CARE TREATMENT
1. No previous non-admitted service for palliative care treatment
2. Previous non-admitted service for palliative care treatment

SOURCE OF REFERRAL/TRANSFER
01. Private med practitioner (excl. psychiatrist)
02. Emergency dept - this hospital
03. Outpatient dept - this hospital
06. Episode change
09. Born in hospital
14. Other health care establishment
15. Private psychiatrist
17. Law enforcement agency
18. Community service
19. Routine readmission not requiring referral
20. Organ procurement
21. Boarder
23. Residential aged care service
24. Admitted patient transferred from another hospital
25. Non-admitted patient referred from other hospital
29. Other

If 09, mother's UR number?

If 16, 23, 24 or 25 Facility number?

ADM DATE

ADM TIME (0000-2359)

ADM Ward

ADM UNIT

STANDARD UNIT CODE

QUALIFICATION STATUS
A. Acute U. Unqualified

ICU
Length of Stay - Time

Contract Role
A = Hosp A, B = Hosp B

CONTINUOUS VENTILATION - Time

Contract Type
1 = B, 2 = ABA, 3 = AB 4 = (A)B, 5 = BA

PURCHASER / PROVIDER IDENTIFIER
- Code purchaser if contract type = 1, contract role = B and public chargeable status
- Code the Other Hospital Identifier if contract type = 2,3,4 or 5 and contract role A or B.

PLANNED SAME DAY (Y OR N)

ELECTIVE PATIENT STATUS
1. Emergency 2. Elective 3. Not Assigned

BABY ADMISSION WEIGHT (WHERE <2500g or <29 days) gms

07/2010

FACILITY

SEPARATION DATE

SEPARATION TIME (0000-2359)

BAND

SEPARATION NO NOT MANDATORY FOR QHAPDC REPORTING

FUNDING SOURCE
01. Health Service Budget (not covered elsewhere)
02. Private health insurance
03. Self-funded
04. Worker's compensation
05. Motor vehicle third party personal claim
06. Other compensation
07. Department of Veterans' Affairs
08. Department of Defence
09. Correctional facility
10. Other hospital or public authority (contracted care)
11. Health Service Budget (due to eligibility for Reciprocal Health Care Agreement)
12. Other
13. Health Service Budget (no charge raised due to hospital decision)
99. Not Known

MODE OF SEPARATION
01. Home/usual residence
04. Other health care establishment
05. Died in hospital
06. Episode change
07. Discharged at own risk
09. Non return from leave
12. Correctional facility
13. Organ procurement
14. Boarder
15. Residential aged care service
16. Hospital transfer
17. Medi-hotel
19. Other

If 12, 15 or 16 facility number?

PRINCIPAL DIAGNOSIS

OTHER DIAGNOSES (COMPLICATIONS AND COMORBIDITIES)

PROCEDURES

EXTERNAL CAUSE OF INJURY/POISONING

PLACE OF OCCURRENCE

ACTIVITY

MORBIDITY CODES (e.g. ICD-10-AM)
PD - Principal Diagnosis
EX - External Cause
PR - Procedure
OD - Other Diagnosis
M - Morphology

CONTRACT FLAG (CF) (If applicable)
1. Contracted admitted procedure
2. Contracted non-admitted procedure

CONDITION PRESENT ON ADMISSION INDICATOR (CP)
1. Condition present on admission to episode of care
2. Condition arises during admission
9. Unknown or uncertain

	Prefix	ICD Code	Procedure Date	CF	CP
1	P D				
2					
3					
4					
5					
6					
7					

Record additional codes on the Activity Form.

LMO

ADDRESS

Discharge Letter

Summary dictated

Notification - Cancer

Infectious disease

NOT MANDATORY FOR QHAPDC REPORTING

TREATING DOCTOR

SIGNATURE DATE

Any activity details, SNAP details or extra morbidity codes (Y or N)

Attach Activity Form(s) as required